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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|   |                      |                        |             |
|---|----------------------|------------------------|-------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/954,522             |             |
|   | Filing Date          | Sep 11, 2001           |             |
|   | First Named Inventor | Hitz                   |             |
|   | Group Art Unit       | 2177                   |             |
|   | Examiner Name        | Wassum, Luke S.        |             |
| Total Number of Pages in This Submission  | 8                    | Attorney Docket Number | 103.1002.12 |

## ENCLOSURES (check all that apply)

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached Credit Card PTO Form 2038<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer (3 Originals)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
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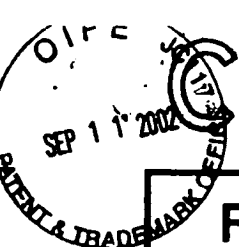
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                      |                 |
|-------------------------|----------------------|-----------------|
| Firm or Individual name | Steven A. Swernofsky | Reg. no. 33,040 |
| Signature               |                      |                 |
| Date                    | 09-05-2002           |                 |

## CERTIFICATE OF MAILING

|   |                           |      |          |
|---|---------------------------|------|----------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 9-5-2002 |                           |      |          |
| Type or printed name  | Arlette Malhas, Paralegal |      |          |
| Signature   |                           | Date | 9-5-2002 |

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## FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$330.00)

## Complete if Known

Application Number 09/954,522

Filing Date 9/11/2001

First Named Inventor Hitz

Examiner Name Wassum, Luke S.

Group/Art Unit 2177

Attorney Docket No. 103.1002.12

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## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number  
Deposit Account Name

50-0365

Swernofsky Law Group

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application required for this filing.☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity |          | Small Entity |          | Fee Description        | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                        |          |
| 101          | 740      | 201          | 370      | Utility filing fee     |          |
| 106          | 330      | 206          | 165      | Design filing fee      |          |
| 107          | 510      | 207          | 255      | Plant filing fee       |          |
| 108          | 740      | 208          | 370      | Reissue filing fee     |          |
| 114          | 160      | 214          | 80       | Provisional filing fee |          |

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from Below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Independent Claims | -20**=       | X              | =        |
| Multiple Dependent | -3**=        | X              | =        |

| Large Entity |          | Small Entity |          | Fee Description   |
|--------------|----------|--------------|----------|---|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |   |
| 103          | 18       | 203          | 9        | Claims in excess of 20                                    |
| 102          | 84       | 202          | 42       | Independent claims in excess of 3                         |
| 104          | 280      | 204          | 140      | Multiple dependent claim, if not paid                     |
| 109          | 84       | 209          | 42       | **Reissue independent claims over original patent         |
| 110          | 18       | 210          | 9        | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see below

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 105          | 130      | 205          | 65       | Surcharge - late filing fee or oath  |          |
| 127          | 50       | 227          | 25       | Surcharge - late provisional filing fee or cover sheet.                    |          |
| 139          | 130      | 139          | 130      | Non-English specification  |          |
| 147          | 2,520    | 147          | 2,520    | For filing a request for reexamination                                     |          |
| 112          | 920*     | 112          | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 113          | 1,840*   | 113          | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 115          | 110      | 215          | 55       | Extension for reply within first month                                     |          |
| 116          | 400      | 216          | 200      | Extension for reply within second month                                    |          |
| 117          | 920      | 217          | 460      | Extension for reply within third month                                     |          |
| 118          | 1,440    | 218          | 720      | Extension for reply within fourth month                                    |          |
| 128          | 1,960    | 228          | 980      | Extension for reply within fifth month                                     |          |
| 119          | 320      | 219          | 160      | Notice of Appeal   |          |
| 120          | 320      | 220          | 160      | Filing a brief in support of an appeal                                     |          |
| 121          | 280      | 221          | 140      | Request for oral hearing   |          |
| 138          | 1,510    | 138          | 1,510    | Petition to institute a public use proceeding                              |          |
| 140          | 110      | 240          | 55       | Petition to revive - unavoidable   |          |
| 141          | 1,280    | 241          | 640      | Petition to revive - unintentional   |          |
| 142          | 1,280    | 242          | 640      | Utility issue fee (or reissue)   |          |
| 143          | 460      | 243          | 230      | Design issue fee   |          |
| 144          | 620      | 244          | 310      | Plant issue fee  |          |
| 122          | 130      | 122          | 130      | Petitions to the Commissioner  |          |
| 123          | 50       | 123          | 50       | Petitions related to provisional applications                              |          |
| 126          | 180      | 126          | 180      | Submission of information Disclosure Stmt                                  |          |
| 581          | 40       | 581          | 40       | Recording each patent assignment per property (times number of properties) |          |
| 146          | 740      | 246          | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 149          | 740      | 249          | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 179          | 740      | 279          | 370      | Request for Continued Examination (RCE)                                    |          |
| 169          | 900      | 169          | 900      | Request for expedited examination of a design application                  |          |

Other fee (specify) Three (3) Terminal Disclaimers

330.00

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$330.00)

## SUBMITTED BY

Complete (if applicable)

|                   |                      |                                   |            |           |              |
|-------------------|----------------------|-----------------------------------|------------|-----------|--------------|
| Name (Print/Type) | Steven A. Swernofsky | Registration No. (Attorney/Agent) | 33,040     | Telephone | 650-947-0700 |
| Signature         | <i>SA Swernofsky</i> | Date                              | 09-05-2002 |           |              |

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